Conclusions: Table 1: T2D patient Characteristics by Country and Frequency of Moderate/Severe Hypoglycemia

Table 2: Health care Use among T2D patients by Country and Frequency of Moderate/Severe Hypoglycemia

Table 3: Predictors of Frequent Moderate/Severe Hypoglycemia in T2D Patients across France, Germany, and UK

In conclusion, T2D patients are at increased risk for moderate/severe hypoglycemia. The relationship between obesity and these events was not found to be independent of other factors, such as age, sex, or use of insulin and N15, and insulin use was the strongest predictor of such events.

In the current study, we compared the frequency of moderate/severe hypoglycemia across France, Germany, and the UK. We found that T2D patients in the UK were more likely to have frequent moderate/severe hypoglycemia compared to those in France and Germany. These differences may be due to differences in the prevalence of obesity, which is higher in the UK compared to France and Germany. Additionally, differences in healthcare resource use were observed among patients with frequent moderate/severe hypoglycemia, with those in the UK reporting the highest rates of hospitalizations and physician visits.

The study also found that the risk of moderate/severe hypoglycemia is associated with patient characteristics, including obesity, frequent hypos, and insulin use. These factors were independently associated with increased healthcare resource use.

Obesity and frequent hypos were associated after adjusting for covariates. Other patient characteristics assessed included age, gender, years diagnosed with T2D, HbA1c level, and anti-diabetic medications. Covariates included age, gender, country, obesity, and insulin use were all independently associated with more frequent moderate/severe hypos (all p<0.05; Odds ratios are presented in Table 3).

Future Research: The cross-sectional nature of the study design does not provide for tests of causality. All data were self-reported, which may have introduced recall bias and self-report errors. The study also did not assess the degree of measurement error.

Additional differences between groups that were not assessed may explain some of the differences in healthcare resource use observed in the current study. Differences were also noted in the frequency of moderate/severe hypos across countries despite the similarities in healthcare systems and reimbursement policies. These differences may be due to differences in the prevalence of obesity, which is higher in the UK compared to France and Germany. Additionally, differences in healthcare resource use were observed among patients with frequent moderate/severe hypoglycemia, with those in the UK reporting the highest rates of hospitalizations and physician visits.

Disclosures: This study was supported by the European Union’s Horizon 2020 research and innovation program under the Marie Sklodowska-Curie grant agreement No 681226. All authors declare no conflicts of interest.

Acknowledgments: The authors would like to thank all the participants and all the healthcare professionals who contributed to this study.

References: